

EXHIBIT E



Lawyers Professional Liability Insurance Policy Declarations

☐ Darwin National Assurance Company

Policy Number: 0309-1617

☒ Darwin Select Insurance Company
1690 New Britain Ave., Suite 101
Farmington, CT 06032

THIS IS A CLAIMS MADE POLICY WHICH APPLIES ONLY TO CLAIMS FIRST MADE AND REPORTED DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD. THE PAYMENT OF CLAIMS EXPENSES REDUCES AND MAY EXHAUST THE LIMIT OF LIABILITY. PLEASE READ AND REVIEW THE POLICY CAREFULLY.

Item 1. Name and Mailing Address of Named Insured:

Liddle & Robinson, L.L.P.
800 Third Avenue
New York, NY 10022

Item 2. Policy Period:

Inception Date: August 15, 2014

Expiration Date: August 15, 2015

At 12:01AM Standard Time at the Mailing Address shown above

Item 3. Limit of Liability (inclusive of Claims Expenses):

(a) \$5,000,000 maximum limit of liability per **CLAIM**

(b) \$5,000,000 maximum aggregate limit of liability for all **CLAIMS**

Item 4. Retention:

each and every **CLAIM**

Item 5. Notices required to be given to the Insurer must be addressed to:

Darwin Professional Underwriters, Inc.
1690 New Britain Ave., Suite 101
Farmington, CT 06032

Item 6. Premium:

Total Premium: :

Item 7. Retroactive Date:

Full Prior Acts Coverage Provided

Item 8. Extended Reporting Periods:

- (a) Cancellation or refusal to renew Extended Reporting Period under Section IV(G)(1):
12 Months, Additional Premium: 150% of Annual Premium;
 - (b) Non-Practicing Extended Reporting Period under Section IV(G)(2):
36 Months, Additional Premium: \$16,322 per attorney; only available if conditions specified in Section IV(G)(2) are met.
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Item 9. Endorsements Attached at Issuance:

- 1. s1006 DSI (03/2012) Service Of Suit
 - 2. v1716 (04/2008) Bilateral Extended Reporting Period
 - 3. v1795 (06/2006) Amend Selection Of Defense Counsel
 - 4. v2045 (10/2011) Supplementary Payments Amendment
 - 5. v2094 (10/2007) Fee Disputes Sub-Retention
 - 6. V2822 (08/2013) Privacy Liability And Network Risk Coverage
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THESE DECLARATIONS, THE POLICY FORM, ANY ENDORSEMENTS AND THE APPLICATION
CONSTITUTE THE ENTIRE AGREEMENT BETWEEN THE INSURER AND THE INSURED RELATING
TO THIS INSURANCE.

In Witness Whereof, the Insurer has caused this Policy to be executed by its authorized officers.



SECRETARY



PRESIDENT



AUTHORIZED SIGNATURE
